



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 21, 2018	2018_363659_0002	003593-17	Complaint

Licensee/Titulaire de permis

St. Joseph's Health System
50 Charlton Avenue East Room M146 HAMILTON ON L8N 4A6

Long-Term Care Home/Foyer de soins de longue durée

St. Joseph's Health Centre, Guelph
100 Westmount Road GUELPH ON N1H 5H8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JANETM EVANS (659)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 16 and 17, 2018.

The inspector(s) conducted a tour of two units of the home, and reviewed clinical records and plans of care for relevant residents, pertinent policies and procedures and complaint records. Observations were also made of general maintenance, cleanliness, and condition of the home and provision of care.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Assistant Director of Care (ADOC), the Director of Support Services, the Supervisor of Environmental Services, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Environmental Services staff, a Sales Representative and a resident.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Hospitalization and Change in Condition
Medication
Personal Support Services
Reporting and Complaints
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

**3 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Review of the home's Fall Prevention and Management Program and Process documented strategies to reduce or mitigate falls and post fall management. It documented registered staff were to "initiate head injury routine (HIR) for all unwitnessed falls and witnessed falls that had resulted in a possible head injury, or if the resident was on anticoagulant therapy"

A review of the home's procedure Head injury routine (HIR), documented:
"All clients with a known or suspected head injury will be monitored according to Appendix A"

HIR Appendix A documentation stated:

"Vital signs every eight hours for the first 48 hours and

Neuro checks:

-every 15 minutes x one hour

-every 30 minutes x one hour

-every one hour x four hours

-every four hours x 24 hours

-every six hours x 24 hours

-every eight hours x 24 hours

*progress along this time schedule only if signs are stable.

A. Review of the clinical record for an identified resident showed they were at risk for falls and had sustained multiple falls in several months.

A review of the clinical record for the identified resident showed documented evidence that post fall assessments were being completed for the resident.

A review of HIR completed for the identified resident showed on multiple dates there were blanks left on the assessment or it was documented the resident was sleeping and no neurological checks was documented.

B. Review of the clinical record for a second identified resident showed they were at risk for falls and had sustained multiple falls .



A review of HIR completed for the identified resident showed there were several dates where the neurological checks had not been documented or it was documented the resident was sleeping.

C. Review of the clinical record for a third identified resident showed they were at risk for falls and had sustained approximately multiple falls in the last few months.

A review of HIR completed for the identified resident showed on multiple dates where the neurological checks had not been documented or it was documented the resident was sleeping.

In interviews interim Falls Lead and a Registered Nurse (RN) acknowledged there were missing entries in the completion of the HIR for the identified residents and that the expectation was that staff were to rouse residents to complete neurological checks. The RN also stated that they recalled being told that after 48 hours if a resident was stable they were not required to complete neurological checks. After review of the HIR procedure with Falls Lead, they stated they were uncertain if staff followed the procedure.

The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with. [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that Head injury routines and any other plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Review of a Complaints/Concerns form documented a concern made by family of the identified resident related to safety. Attached to the form was an Action plan which detailed steps the home had taken to address the concern.

A review of progress notes for the identified resident documented the safety incident which involved the resident. The note indicated the registered staff member had notified maintenance about the safety issue which needed repair.

In an interview environmental services staff stated they were asked to do a special project to audit the home related to the specific safety issue and install a mechanism to correct the issue. The environmental service staff stated this had been completed.

A tour of specified areas of the home were completed at the time of the inspection with Supervisor of Environmental Services (SES) and observations made related to the specified safety concern. The SES acknowledged that there continued to be a safety risk related to this concern.

In an interview, the SES acknowledged that the furnishings had not been maintained in safe condition or good state of repair.

The licensee had failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that they immediately forwarded any written complaint that had been received concerning the care of a resident or the operation of the home to the Director.

Documentation provided by the home showed a written complaint received to the home.

An action plan was attached to the complaint form and detailed the steps the home would take, who was responsible and the time frame for completion of the action. At the bottom of the plan it was documented the complainant was notified and there was a satisfactory resolution.

A review of the home's policy Client Compliments and Complaints, documented:

-Recipients of the complaint will respond immediately to address the issue. If the person receiving the complaint is not the most appropriate person to respond, they will notify the respective Manager or appropriate person in a timely manner.

c) For LTC clients/families, ask the client/family if they would like SJHCG (St. Joseph's Health Centre Guelph) to submit their written complaint to the Ministry of Health and Long Term Care. SJCHG will only submit written complaints to the MOHLTC at the request of clients/families.

d) A copy of the requested written complaints by LTC clients/families will be forwarded to the MOHLTC Director immediately and any follow up investigation and responses will be forwarded within 10 days.

In an interview Director of Care acknowledged the Director had not been notified of the written complaint.

The licensee immediately forwarded any written complaints that have been received concerning the care of a resident or the operation of the home to the Director. [s. 22. (1)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance any written complaint that is received concerning the care of a resident or the operation of the home is immediately forwarded to the Director, to be implemented voluntarily.

Issued on this 14th day of March, 2018

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.